

VA HAS REQUESTED THAT VC-3 FORMS BE SUBMITTED TO THEM IN DUPLICATE

INSTRUCTIONS Applicant must complete Section I. (Type or write with ink.) Forward to Regional Office of Veterans Administration where disability claim is now on file.	AUTHORIZATION FOR DISABILITY RECORD	Veterans Administration retain one copy and forward duplicate to the: Suffolk County Department of Civil Service 725 Veterans Memorial Highway North County Complex, Bldg. 158 P.O. Box 6100 Hauppauge, NY 11788-0099
TITLE OF EXAMINATION IN WHICH PREFERENCE IS CLAIMED		
<div style="display: flex; justify-content: space-between;"> <div> Section I To: Manager, Veterans Administration, _____ New York. I hereby authorize you to furnish the Municipal Civil Service Commission named above, with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential. Veteran's Signature: _____ Print full name here: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Last </div> Address: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Street City State </div> Veterans Administration Claim No.: _____ Service Serial No.: _____ Social Security No.: _____ </div> <div style="text-align: right;"> Date: _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Section II - TO BE FILLED OUT BY THE VETERANS ADMINISTRATION <div style="text-align: right; margin-bottom: 10px;"> Veterans Administration Claim No.: _____ </div> <ol style="list-style-type: none"> 1. Does the above veteran have a war-incurred disability now in existence? Yes No 2. Is he receiving disability payments from the V.A. for such disability? Yes No 3. State percentage of war-incurred disability now in existence _____ 4. Date of last medical examination by the V.A. Medical Officer in connection with such disability _____ 5. If the date in answer to Question 4 is less than one year ago, do not answer the following question: 6. Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a medical officer of the V.A. within one year? <div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div> 7. REMARKS: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 55%;"></div> <div style="width: 40%; text-align: center;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Adjudication Officer Signature <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Regional V.A. Office </div> </div> </div> <div style="text-align: right;"> Date: _____ </div> </div>		